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The state of our country during the past year has called out a new department of professional literature, of which this book before us is an example: books bearing upon the wants of the surgeon in actual service in field and camp. For its purpose perhaps none of these hand-books for the army surgeon are more practically valuable than this contribution of Dr. Smith. Of course, this is a condensed compilation—it makes no pretence to anything else; but it is well compiled, well condensed, and well digested; the whole is in very convenient shape for reference and immediate use in emergency,—and this need of the surgeon on duty we suppose is exactly what Dr. Smith intended and desired to fill. An excellent feature increasing its value consists in the copious illustrations throughout the entire volume. Every point and description of any importance is clearly and well illustrated with the accompanying wood-cut. It is bound in flexible cover, and will carry conveniently in the pocket, or pack in very small compass in the camp-chest.

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## On Diphtheria. By Edward HEADLAM GREENHOW. 1861. Pp. 160. Price, \$1.25.

Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps, in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette.*

We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal.*

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## Bellevue Hospital Medical College,

City of New York. Second Annual Session 1862-3.

### FACULTY.

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### PRELIMINARY TERM.

The Preliminary Term will commence on Wednesday, Sept. 17, 1862, and continue to the beginning of the regular term, viz.: four weeks. In addition to daily instruction in the Bellevue and Blackwell's Island Hospitals, at least three Lectures will be given daily during the term, exclusively by members of the Faculty. The didactic instruction during this term will embrace the following subjects:—Surgical Affections of the Breast and Testes, by Prof. Wood; Surgical Affections of the Eye, by Prof. Sayre; Amputations, by Prof. Mott; Surgical Dressings, by Prof. Smith; Inflammations of the Uterus, by Prof. Taylor; the Symptoms, Signs, and Disorders of Pregnancy, by Prof. Barker; Uterine Therapeutics, by Prof. Elliot; Diet, by Prof. McCreedy; Comparative Anatomy, by Prof. Childs; Diagnosis of Diseases of the Heart, by Prof. Flint; Toxicology, by Prof. Doremus; Anatomy and Functions of Glandular Organs, by Prof. Flint, Jr.

### REGULAR TERM.

The Regular Term will commence on Wednesday, Oct. 15, 1862, and end early in March, 1863.

During the whole of the Session the Student will have the opportunity of attending, at least, two Clinical Lectures daily. In addition to these, during the regular term, three Didactic Lectures are given on every weekday, except Saturday. The Didactic Lectures are so arranged as not to interfere with attendance in the Hospital wards. Ample time is allowed for accompanying the Visiting Physicians, Surgeons, and Obstetricians in their daily rounds, attending clinical lectures, witnessing surgical and obstetrical operations, and following private courses, without compromising in any degree the regular didactic instruction. Clinical and Demonstrative teaching constituting the great feature of this College, the arrangements are such as to render the immense resources of the Hospitals available to the Student to the fullest extent.

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The BELLEVUE HOSPITAL receives annually from TEN to TWELVE THOUSAND PATIENTS, the average number of cases constantly under treatment during the winter being from EIGHT to TEN THOUSAND. Cases of all descriptions, excepting only the eruptive fevers, are received. The annual number of births in the Hospital is about FIVE HUNDRED. The BLACKWELL'S ISLAND HOSPITAL, under the charge of the Medical Board of Bellevue Hospital, contains usually about ONE THOUSAND patients, a large proportion being affected with chronic diseases. This Hospital always contains several hundred cases of syphilis.

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Twenty-two resident Physicians and Surgeons are annually appointed on the recommendation of the Medical Board of the Hospital, after an examination, and receive a salary adequate to their support.

The fees for all the tickets for the Session amount to \$105. Tickets for one or any number of the seven departments of instruction may be taken out separately. The matriculation fee is \$5. The graduating fee is \$30. No additional fees are required for hospital tickets or anatomical material. Students who have attended two full courses in other accredited schools receive all the tickets for \$50, exclusive of the matriculation fee. Students, after two full courses in this College, or who have attended one full course in this college, and one full course in some other accredited school, are required to matriculate only. Graduates of other schools, after three years, are required to matriculate only. Prior to the expiration of three years, they receive a general ticket for \$50.

The requisites for graduation are the same as in other Colleges of this State.

Comfortable board and lodging may be obtained for from \$3 to \$5 per week. The necessary expenses at attending a course of lectures need not exceed \$200, exclusive of travelling expenses.

Bellevue Hospital is situated on East River, between 26th and 28th Streets. The entrance to the Hospital is on 26th Street. Students, on arriving in the City, are requested to report at once at the College of Bellevue Hospital. The Janitor will be provided with a list of boarding-houses near the hospital, and will take pains to aid students in securing comfortable accommodations without delay.

Persons desiring further information are requested to communicate with the Secretary of the Faculty, Prof. AUSTIN FLINT, JR., No. 74 Union Place, corner of 4th Avenue and 19th Street.

## Geneva Medical College.—The Ses-

sion of 1862-63 will begin on Wednesday Oct. 1, 1862, and continue sixteen weeks.

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J. TOWLER, Dean of the Faculty, Geneva, N. Y.

\* R. Stone, M.D., will perform the duties of this department.

## Albany Medical College.—The next

annual course of lectures will commence on the first Tuesday in September, and continue sixteen weeks. Degrees will be conferred at the close of the Session. Fee for full Course, \$65. Graduation fee, \$20.

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## Original Lectures.

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ON

## DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL  
IN THE PRELIMINARY COURSE.

SESSION 1860-61.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

## LECTURE XII.—PART II.

*Why Essential, or Dental, Paralysis is considered a Spinal Disease.—Why Dental Paralysis is not always a Spinal Disease.*

THE reasons why Dr. Heine feels justified in considering infantile paralysis as spinal, are derived from the real or supposed peculiarities of such cases in their last stage. They are, in his own words, the following:

1. The cerebral functions of the patients are entirely intact. No case of his exhibited any disturbance in either mental or sensory actions. Wherever there were any cerebral symptoms in the beginning, they disappeared rapidly.

2. Paralysis followed immediately the symptoms of a general and central disease, as fever, convulsions, congestion. Paralysis from peripheric causes shows frequently the reverse, as there is an interval between the first attack and the last stage, viz. that of paralysis.

In the commencement of essential paralysis, contraction is never observed; the limbs are perfectly paralytic, and paralysis takes place in all the affected parts at the very same time: it has, in the first period, a tendency to gradual decrease, but never to progress. Both arms are not affected at the same time, nor are arm and leg of the same side; but always either both legs, or one arm, or one leg. Affection of the trunk is not unfrequent; it produces paralytic scoliosis: in such cases the motory nerves of the lumbar and sacral plexuses of the corresponding side, together with other spinal nerves, are suffering. Where but a single arm is paralysed (a rare case indeed) the affection has its seat in the brachial plexus of the corresponding side; in most of these cases all the muscles are affected. Cases of transverse paralysis are very rare occurrences. The sensory organs are hardly affected, except in the very commencement, and then, too, but slightly. There is no pain in the secondary period.

3. Frequently it is met with in, and limited to, the two lower extremities. Hemiplegia, paralysis of but one side or extremity, is frequently the last remainder of paraplegia.

4. It is very intense. In many cases the muscles of the trunk are also paralysed; this affection may generally diminish, but the spinal character of the paralysis will be shown by the characteristic scoliotic curvature, and sometimes by the enormous deformity of the whole trunk, which differ considerably from other cases of scoliosis, and exhibit a decidedly paralytic character.

5. In this paralysis, the atrophy of the affected limb is considerable. Its temperature decreases fast and very much indeed. These symptoms are not so decided in motory paralysis depending on diseases of the brain; and moreover, Prof. Budge has proved by direct physiological experiments made on the spine of rabbits, which he cut for this purpose, the influence of the spine on the temperature of the body. The decrease of temperature is more pronounced in the periphery than near the centre; it has been observed to be as low as sixty-three and a half degrees. Motory power, nervous influence, and circulation are considerably diminished, and therefore the lower temperature is readily

explained. Arteries and veins have been found smaller than normal; to such a degree, even, this diminution of size and lumen may proceed, that Hutin has a case in which a number of smaller bloodvessels had entirely disappeared. The diagnosis from wasting palsy (*atrophie musculaire progressive*, Cruveilhier) is established by the fact, that in wasting palsy the atrophy is the primary suffering of which paralysis is the natural consequence; whereas, in essential paralysis the atrophy is secondary, and brought on by the diminution of both nervous influence and circulation of the blood.

6. In paralysis of an arm, which sometimes would set in with the same symptoms as those described above, the post-mortem examination has proved a material alteration of that portion of the spine from which the brachial plexus takes its origin.

7. There is a total want of galvanic reaction and electrical contractility in the paralysed muscles, in infantile paralysis. The experiments of Duchenne and others yield a negative result in spinal paralysis, while in cerebral paralysis the sensibility is always intact, and sometimes even increased to painfulness. Nor does peripheric paralysis participate in this peculiarity of the spinal form. These differences have often been used for obtaining a correct diagnosis of the local cause of the disease.

8. All the authors agree in the assumption of the spine being affected in most paraplegias, in which standing erect, and walking, is rendered impossible. While now, paraplegia must be supposed to depend on a general and thorough bilateral affection of the spine or its membranes; our cases of essential paralysis give rise to the assumption of a more local, or universal alteration.

9. Essential paralysis is incurable; peripheric paralysis is not so.

10. Finally, the aspect of such patients, and the drawings taken from them, give the impression of a deep-seated disease of the nervous centres, perhaps even the spine.

Such are, in the opinion of our author, the leading pathognomonic qualities of dental, essential, or "spinal infantile" paralysis. I am, however, so far from assuming them to be indisputably correct, that I think it necessary to answer several questions, of which one is this: whether essential paralysis is really a disease of the dental period, and another, whether indeed it is always the result of a disease of the spine.

We have been taught, and experience proves, that the first onset of the disease resulting in essential paralysis, may show great differences both in its symptoms, and in its course. Sometimes the final result is produced unexpectedly fast; sometimes, however, the predisposing cause requires some time to bring on the necessary alterations. For certainly, we require of necessity, permanent local alterations to explain permanent paralysis. The principal symptoms of the first attack which I have mentioned before, belong either to the brain, or the spine, or the nerves, and, from this fact, contrary to the assertions of the author, we should feel obliged to conclude that the subsequent paralysis would be either of a cerebral, or spinal, or peripheric character. For the simplest facts of the pathology of the nervous system show, that like convulsions, paralysis may have its primary seat either in one of the nervous centres, or in the course, or in the periphery of a nerve. If paralysis with the same symptoms as the dental or essential form, participates in the general characters of paralysis, if further the symptoms of the first attack are either cerebral, or spinal, or peripheric, are we justified in assuming the spine to be the only seat and cause of the consecutive paralysis? At all events, the dictatorial words of the author, that "cerebral symptoms may be present in the beginning, but are not connected with the paralysis, and must not be brought into any etiological relation to essential paralysis," appear too little based on the generally known facts of physiology. It is not true, indeed, that in cases where paralysis is ushered in with symptoms of cerebral irritation, while these symptoms disappear afterwards and leave the menta



faculties intact for the future, the brain is not affected. Those cases of paralysis in which this very paralysis was the prominent, or rather only symptom during life, and the post-mortem examination revealed some of the traces of recent or old apoplexy in the cerebral substance, as for instance, encysted remnants on the dura mater, in both adults and children, ought to be satisfactory proofs to the contrary. At all events, I am a little slow in believing in the actual correctness of the remark of our author, that the premonitory cerebral symptoms are usually slight, but that in very violent attacks life may be endangered, although fatal termination without complications has not been observed *by him*. I have no doubt that this last addition is correct. For institutions like his, receive their patients after the disease has been allowed to remain a shorter or longer period, when the narratives of the relations are the only guides of the specialist; and indeed, such patients as are brought into an institution for the performance of tenotomy, and the application of extending apparatus, etc., do not belong to the number of those who died in the first attack. If the doctor meant to say that, it was a superfluous undertaking.

You have heard that but few post-mortem examinations of old cases of essential paralysis are on record. In some, local alterations inside the vertebral column have been found, in others not. Dr. von Heine takes those in which the results of extravasations or exudations were visible, as spinal. Good. Those in which nothing has been found, however, he also considers as spinal, because either microscopical examinations (which have not been made or have given no result) *might* have afforded a proof, or because there are cases in which paralysis is not explained by any pathological changes. The latter he takes as spinal; thus for instance a case of Longet's in which the examination resulted in finding no spinal disease, but atrophy of the roots of some nerves. Nor is he less bashful in explaining away pathological results. Thus a case of Behrend's in which both brain and spine are described as diseased, is also crowded into the spinal flock of paralyses.

You see after all, that not in every case of dental or essential paralysis a diagnosis can be made, inasmuch as the differential diagnosis of the first insults could not be, or was only made during, or from the former periods of the disease. But always be sure to bring into account not only the spine, but be aware that diseases of all the nervous centres and motory nerves may be the causes of paralysis; on the only condition that they give rise to alterations essentially injuring the action of the nerves. It is true, further, that many diseases are more frequent in a certain age; and that the symptoms, in spite of the same locality and character, may differ according to age and individuality; but this certainly ought not to influence and prejudice us so far as to multiply our classifications and varieties. For prejudice when once allowed to prevail in pathology, will lead to further extravagances. Thus Dr. von Heine means to simply exclude the cases commencing with cerebral symptoms, terminating in paralysis, and finally recovery, from the number of the dental, or spinal infantile paralysis—because of their recovery; while incurability is taken by the author as one of the prominent proofs of the essential "spinal infantile" paralysis. Who ever made his diagnoses from the results of treatment? and who ever, except our celebrated author, would at the same time deny the occurrence of rheumatic paralysis, and declare those favorable cases to be rheumatic? If further, spinal infantile paralysis depending on extravasation or exudation inside the vertebral canal is as incurable as he makes out, why is it that he still recommends the internal administration of absorbents? Have his 150 cases proved the incurability so thoroughly, or have they informed him, as many of my own have me, of the possibility of removing exudations or extravasations from the vertebral canal with the same ease, or rather difficulty, as in other not very accessible localities?

Several other remarks and assertions of the author's are not more justified by facts. Thus it is not true, that the paralysis in the dental, or essential form, is more complete than in other kinds. The condition of the joint of the humerus, with its easy luxation and reposition, and the peculiar flabbiness of the muscles of the arm, are not at all characteristics of this disease. It is even observed in paralytic adults, with this exception, that both muscles and ligaments are more flaccid and stretch more easily in children than in adults. Nor is the absence of primary contraction in essential paralysis based on facts; the author himself does not believe in his own assertion as he mentions the paralytic form of scoliosis as depending on the asymmetrical contraction of the dorsal muscles. The real facts of the case are these, that the kind of paralysis of which I have spoken is seldom complete, but differs in the manner in which single muscles are affected. The equal power of antagonists is suspended; thus contraction is brought on by attempts at locomotion, and exercise in general as mentioned above. But this is not the only cause of contraction. For it is well known, especially in cerebral diseases, that the presence of a certain amount of extravasation, or effusion, gives rise to the symptoms of irritation, while a slight increase in the amount leads to depression and paralysis. We have no reason to believe this to be different in the spine. This early contraction depends on the presence of irritation, on the proportionate mildness or severity of the case, whether cerebral or spinal or peripheral, but not on the seat of the affection.

Nor is the seat of the affection so infallibly announced by the galvanic irritability of the muscles. For there are now a number of cases on record in which its absence in spinal diseases, and its intact condition in cerebral affections, were by no means constant and incontestable. Nor is the decrease of temperature greater in essential paralysis than in other forms; not the seat of the disease, but duration, the age at its first appearance, the atrophy, the nature and number of the affected (motory, sensitive, or vasomotory) nerves, and all the other causes of animal heat must be taken in regard, and may act just as thoroughly in cerebral as in spinal paralysis. And the atrophy itself, which has been said to show itself more rapidly in essential paralysis, depends not on the form or seat of the disease, but again on some of the above-mentioned factors; on the rapidity of changes taking place in the infantile organism, in which infantile paralysis is mostly observed, and on the prevalence of fat at this age, which disappears more rapidly than any other tissue.

Finally, the assertion of Dr. von Heine, that the majority of cases of essential paralysis does not only occur in healthy and robust children, but that their very health and the amount of blood circulating in their organism predisposes them to extravasation and effusion in the vertebral canal, is, to say the least, somewhat unphysiological. The amount of blood contained in the system can be superabundant for a short time only; export and elimination increase in proportion to import and assimilation. If this is true in the adult, it is still more so in the child. On the other hand, it is a common observation that extravasation and effusion will mostly take place in anæmic individuals. It is true that scrofula, rachitis, and other so-called dyscrasic processes, cannot be made responsible for the occurrence of essential paralysis, but still less, both from theoretical reasons, and the results of my experience, I feel inclined to accuse health, and a robust and vigorous constitution.

**ADULTERATION OF MILK.**—It is stated that borax is employed to prevent milk from turning sour, and also to impart more consistence, so as to appear more creamlike.—*Chicago Med. Journal.*

**DR. LAUTNER-BEY** has brought twelve young men from Egypt to Munich, to study medicine there under his superintendence.

## Original Communications.

### REMARKS ON ALBUMINURIA,

MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D.,

PROF. OF PRACTICE AND PATHOLOGY.

(Continued from page 101.)

I HAVE very little to say of the prognosis of this disease. My conviction of its almost utter hopelessness, after the period when it is usually recognised, will be inferred from what has been already stated.

In confirmation of the statement that I have made, and in further contrast of the two forms of the disease that seem to be characteristic in this affection, I will give an incomplete generalization of the cases that I have written up here, stating, however, that they are not complete. In justice to myself I may be allowed to explain how and why they are not complete. The microscopical appearances are recorded in this book with sufficient order and detail, for these I have no disposition to apologize; but the ante-mortem histories were on sheets and filed. These have been mislaid or lost, and I have nothing to replace them in several cases; in some a short synopsis, and in a few the full report has been copied into the book for microscopical records.

In the thirty cases the size of the kidney was given in twenty-nine; it would have been given in all, but one of the cases was studied from a fragment sent by the late Dr. Swett. In these twenty-nine the kidney was contracted or small in only four. It was large and often white in sixteen; it was of normal size, hardly larger or smaller than in health, in nine.

The ages in the four cases of small kidney are given in three only; these were thirty, forty, and fifty-four years, making an average of forty-one. The age of the sixteen having large kidneys is given in nine cases; the oldest of these was forty-seven, the youngest sixteen; between the ages of twenty and thirty was one; thirty and forty, four; and forty and forty-seven, three. The average age for the large kidney was thirty-five years. It thus appears that the average age for the small kidney is higher than that for the large, a fact which will be more clearly shown hereafter. The ages of the persons whose kidneys were of normal size are recorded in eight cases. The oldest was sixty-nine, the youngest nineteen. Between twenty and thirty, there were three; between thirty and forty, two; at sixty-five, one; at sixty-nine, one. The average age was thirty-six. The average age of all in the three classes was thirty-six years and six months.

Inquiry regarding the sex of those suffering from Bright's kidney, shows that males are very much more liable to it than females. Thus, while in my cases the sexes share equally the four small kidneys (the number being much too small to serve as the foundation of a rule)—in twenty-four cases, seven only were females, the males counting seventeen. Of those having large kidneys, eight were males and three females; and of those whose kidneys were of normal size, there were seven males to two females.

Edema was noted in these cases, sometimes slight, and in several occurring only a few days before death, often confined to the feet and ankles, in sixteen; it is stated not to have existed at all in five; it is not mentioned and probably did not exist in two more; histories lost, seven. Thus, then, in twenty-three of these cases, the histories being sufficiently complete, sixteen had edema, and seven probably did not, five certainly did not have it. Of those who had large kidney, sixteen in number, edema occurred in ten; did not occur in two, the kidneys in these two weighing six ounces and seven ounces, or but little enlarged; no histories preserved in four. In those who had the small kidney, four in number, while ascites is

reported in three, edema is not noticed in any, and probably did not occur except in the lungs. Here again the contrast is sufficiently marked between the large and the small kidney. We have just observed, that the age of the small kidney is at an average considerably greater than that of the large, and here we remark that edema occurs more frequently, and is more extensive with the large than with the small kidney. With the kidneys, normal in size, nine in number, edema was found in six, did not occur in two; no history in one.

The urine is described as smoky in three out of the twenty-three of which there is a tolerably fair history. In each of these the kidney was above the natural size; in two it is described as congested, in the remaining one it is stated that the vessels were full. The urine in each instance was albuminous.

The urine was examined for albumen in sixteen of these cases. Albumen was found in thirteen, it was not found in three; no examination in four; not mentioned in four; and no history of the cases in six.

Among twenty-three cases in which the urine is spoken of at all, it is reported as having been scanty in eight; as highly colored in four; scalding (albuminous) in one; and passed often (also albuminous) in one. The scanty urine was albuminous in four; not albuminous in two; albumen not mentioned in two. The high-colored urine was albuminous in two; not albuminous in one; albumen not mentioned in one.

The three persons whose urine was not albuminous had kidneys, one weighing eight and a half ounces, one two and three quarter ounces, the other was of normal size weighing four and a half ounces; so that the absence of albumen when carefully sought for divides itself evenly among the three classes, one large kidney, one small, and one of normal size. Albumen was not found in two of the four whose kidneys were small, and no mention is made of it in the other two. As a matter of fact in recalling a much larger number of cases than are here recorded, and by reference to the cases reported by Wilks and Bright, it is apparent that albumen is commonly absent in those having the small kidney, and generally present with the large kidney. It is found to be variable in those whose kidneys are of normal size.

Certain facts in relation to the connexion of this disease with others discovered at post-mortem examinations or during life have not yet been mentioned. The relation of cirrhosis to Bright's disease is not uninteresting. The cases here recorded enable me to say this much and no more: cirrhosis, or fibrous contraction of the liver, with or without irregular surface, occurred in five out of the thirty cases; two of these belonged to the four small kidneys, and in these two, the kidneys weighing three, and two and three quarter ounces, the liver was more markedly hobnail. In one the kidney was of normal size; and in the other two its weight was five and three quarter ounces, and seven ounces. Fatty liver occurred in four persons in this number of thirty, and in each of these the kidney was of normal size, and in all but one contained an unusual amount of oily matter. In other words, all the kidneys except one were fatty in these four persons, showing a correspondence in the two organs in the nature of the changes that take place in them. This correspondence will not be confirmed by a reference to Bright's observations, but the facts are correctly reported, and are, it strikes me, of some importance.

The fatty condition in these four kidneys was thus:—cells not fatty, but intertubular tissue loaded with oil globules, in one; three-fourths of the cells fatty and some intertubular deposit in one; spots of fatty deposit in the kidney and similar spots in the liver, differing only in size, in one; cells a little fatty but much more granular in one. These circumscribed patches of fatty degeneration in the liver, and spots of fatty degeneration in the kidney, both substantially of the same character, are especially noticeable as showing the tendency to correspondence of action in the two organs.

In one case there was waxy degeneration of the liver. The organ was of a brown color, and when a thin section was made from it, and was held by one border, it was so stiff that it would stand out almost without bending, like a similar section of wood. This waxy or scrofulous degeneration of the liver I naturally expected would be attended with waxy or scrofulous kidney. It was not so, however; there was not a waxy cell in the organ anywhere. The two kidneys weighed respectively eight and a half and nine and a half ounces, the epithelium had undergone granular degeneration, but as I have said there were no waxy cells. There is a figure that I made for my own studies of the cells found in this waxy liver. They are of a peculiar character, very unlike the natural cells of the liver, some of which are figured here. Here are the waxy cells; they have a color somewhat leaden, but they are shiny, and glistening. Some of them have a dot in the centre that seems as if it might be a nucleus. They seem to be compound, made up of different cells that coalesce. Here seems to be a group, a central cell surrounded by others, which seem either to have coalesced or to be breaking up by fissures. Here is what seem to be fragments of these cells. This, then, is the waxy matter which has been called cellulose, amyloid, etc., but it does not seem to me to have any marked resemblance to starch. I have seen these bodies, whatever they may be, in the kidneys and mesenteric glands, and in other parts of the body, but not in this particular instance. But here is a representation of what occurred in that woman's kidney. This view represents nearly a healthy condition of one of the tubes, seen as if cut open—for the microscope bisects for itself, its focus being at a certain level it gives a limited, and in this case a half view. Here, then, we get the thickness of the walls, and the nuclei, and see the blending of cells as they lie in apposition and line the basement membrane or outer layer of the tube. Something less than one-half the tubes of the cortical portion of these kidneys were in this condition, that is healthy, or nearly so, but the remainder were more or less granular, some extremely so. The gradations of this change are represented in these figures. Here is the appearance of the small tubes, the tubes of the tubular portion, and in this woman they had undergone nearly the same alterations; some were healthy, but the granular disintegration of the epithelium was the marked feature. The contrast is very striking when these two diagrams are placed side by side—one represents the healthy state, the other that condition in which the cells have undergone complete granular degeneration. Here the granular matter is rolled up in a club-shaped body and nearly fills the whole tube. In another tube the granular matter is collected in a sort of cylinder, and being too long to lie in the tube, is folded up in a zigzag form, as here represented. This was the singular state of the kidney in this woman who had waxy liver.

I have heard the statement as an opinion of some physicians, that tuberculous disease of the lungs and Bright's disease were incompatible. I have already alluded to this point incidentally, but will here add that tuberculous disease of the lungs existed among these thirty cases in six instances: of these, the kidney was large in four, small in one, and normal in one.

I have collected all the causes of death in these cases as far as the records have been preserved, in confirmation of the statements already made, that is in twenty-two cases. Ten were by acute inflammations—pneumonia alone, four; pneumonia of one side and pleurisy on the other, one; pneumonia and bronchitis, one; peritonitis and pleurisy together in one; pericarditis and meningitis together in one; meningitis alone in one; and dysentery in one, making the ten cases. One died of puerperal metritis, having had chronic disease of the kidney at the time of delivery. Two died in uræmic stupor, poisoned by urea as any one would be by opium; two died in convulsions; two from the exhaustion that had been produced by vomiting; one died from the direct effect of alcohol (this of course is not to be

classed among the special effects of uræmia); one died of cedema of the lungs. In that case, as in several others that have been observed before and since, it was interesting to notice the amount of cedema—when the lung was laid upon the table, and struck with the finger, it trembled like a jelly, and gave the sensation of fluctuation to the finger when percussed, so great was the amount of water which it contained. That is not the only case that I have seen in which the quantity of water was so great. This was the immediate effect of the disease of the kidney. Of phthisis only one died; and in one instance death occurred suddenly and unexpectedly. This makes the enumeration of the cases that I referred to. Of the deaths by acute inflammations, all but one occurred among those whose kidneys were large or of normal size. In that one the kidney was smaller than natural, but not greatly contracted. Of the two deaths by convulsions, one occurred with the kidneys of normal size, while in the other the organ weighed only two and three-quarter ounces. In this case the person died in the second convulsion, so violent was it. I suppose it is pretty well understood that small kidneys produce convulsions which are very apt to terminate fatally.

With reference to hypertrophy of the heart it occurred but three times in these cases. But it is worthy of special notice that the concurrence of chronic affections of the heart and renal disease is not so frequently met with in hospital as in private practice. I suppose nine-tenths of all such cases I have seen have been in private practice. Hospital cases are apt to be simple. Three, then, had heart disease of the kind usually recognised. Of these, one had hypertrophy and valvular disease, one hypertrophy and old pericarditis, and one hypertrophy simple. In two of these three the kidneys were large, and in one small.

Besides these, there were two instances of Quain's degeneration of the heart, and both were found with fatty liver. It is interesting to notice what was the condition of the kidneys in these two cases. In one there was much intertubular fat, that is to say, oil; the intertubular tissue was loaded with oil. The other was the instance of spots of fatty degeneration of the kidneys and liver already referred to. So here the correspondence of fatty degeneration of the heart, liver, and kidney, is parallel in every point.

There are two or three topics that still remain to be considered, which I shall be compelled to defer till another evening.

The Academy then, on motion, adjourned.

## BATTLE OF FAIR OAKS.

By FRANK H. HAMILTON, M.D.

MEDICAL DIRECTOR OF THE 4TH CORPS, ARMY OF THE POTOMAC.

THE night of the 30th of May was remarkable for one of the most violent and long continued thunder storms I have ever witnessed; commencing before sunset, it continued unabated until after midnight. During which time the rain fell in torrents, and the flashes of lightning, followed by near and heavy bursts of thunder, were almost incessant. In vain we strove to turn the drifting streams from our tents; and long before morning officers and men had resigned themselves, cold, wet, and helpless, to the storm. At length the day broke upon a camp inundated in water. The few hill-sides were washed clean—the marshes, which abound in this region, were flooded—the rivulets greatly increased in size—the roads rendered nearly impassable, and, a circumstance from which we had most to apprehend, the Chickahominy, in our rear, had become swollen beyond its banks. From a sluggish stream trailing through cane-brakes and sedgy swamps, it had been suddenly converted into a broad and swift torrent, endangering our recently constructed bridges, and exposing us to the imminent hazard of being cut off from the whole centre and right wing of our army, no portion of which had yet crossed the river.



The sun shone clear and bright over the swamps and forests in which the corps of Keyes and Heintzelman were bivouacked—and the troops, accustomed to hardships, came cheerfully to bail out their rifle-pits and trenches; but those in responsible commands, who readily comprehended the nature of their new perils, looked thoughtful and anxious.

We were standing in front of our tents when a file of soldiers reported to the General a prisoner, just captured within our lines on the right. The prisoner was J. B. Washington, aide-de-camp to General Johnson. While General Keyes was conversing with him, two shells passed over us, proceeding apparently from the enemy's lines on the left. Young Washington looked around and towards his own lines in a manner indicating restlessness, and perhaps expectation of immediate succor. The guard was instructed to conduct him to General McClellan, and soon after General Keyes, having sent by an orderly a written communication to Headquarters, mounted his horse, and accompanied by his staff rode to the front. This was about 11 o'clock A.M.

We first visited the right of the line near Fair Oaks station, and while the General was disposing the troops I rode to the encampment of the 61st Pa. Vols., to inquire of Dr. Tindle, its very intelligent surgeon, whether a house situated still further to the right and occupied by our pickets, could be used as a hospital.

While conversing with him, a pretty heavy musketry firing was heard on the left, not far distant, and a single cannon shot passed over us.

Spurring our horses along the "Nine Mile Road" in the direction of the firing, at the crossing called Seven Pines we came in sight of the enemy, now occupying the margin of a wood a few hundred yards in front of us. Our troops were replying vigorously and holding their position steadily. At this point I drew up my horse, while the General went forward. My mounted orderly had disappeared, and I never saw him again.

Riding to our encampment, about twenty rods to the right, to order forward the ambulances, I found ambulances and drivers with my servant, gone.

I had already determined to send my sick and wounded to Savage's Station, about one mile to the rear, and resuming my position at the Cross Roads, or Seven Pines, I awaited the return of the ambulances, for which a messenger was immediately dispatched.

The firing now extended across the whole front, and stragglers from broken regiments began to file past me. I am happy, however, to add my testimony to the testimony of others, that the number was small, and most of those who came from the front had the look peculiar to soldiers who have just been engaged in a severe contest. They seemed exhausted, walking slowly back, trailing their guns or without guns. Their clothes were soiled and torn, and their faces blackened with powder, especially about the mouth. Many were wounded, some severely, others slightly. To these were added at first, not a few who were sick, and had occupied hospital tents and two or three small houses near the front. The only aid I could render them at this moment, was to direct them down the road to Savage's Station.

One hour and a half, or until about 2 P.M., I remained in the same spot, having meanwhile sent three messengers for the ambulances, but not one of the messengers had returned; the number of the wounded was momentarily increasing, and groups of soldiers bearing their severely wounded comrades upon litters were constantly passing. As yet the enemy had made no advance beyond the point of their first attack. Occasionally a bullet aimed too high whistled over my head, and one struck the ground and threw the mud against my horse with such force as to lead me to suppose for the moment that he was hit.

Provoked at the delay in forwarding the ambulances, I rode back to Savage's Station, near which they were found under the grateful shelter of a hill, and entirely concealed from the sight and shot of the enemy.

With as much speed as they had sought the shelter of the hills I pushed them back to the first line of rifle pits, beyond which our steady but now decimated troops were still holding their ground. One two-wheeled ambulance was found in the road, the horse lying dead killed by a shell. Inside was stretched a soldier badly wounded in the thigh. He was transferred to one of our ambulances, and the driver directed to draw up on the side of the road and wait until his conveyance was full. As may be supposed, such orders are not always obeyed by ambulance drivers on the field of battle. In some instances, unless closely watched, the drivers start for the rear the moment one wounded man is taken on board. To this, however, it is but justice to say, there are many exceptions; and instances of bravery and faithfulness on the part of this class of men and boys, have been frequently observed which would entitle them to honorable mention in military reports.

After having disposed of the ambulances and left instructions with the Provost Guard at several points of the road where to direct the wounded, I returned to Savage's Station.

Savage's Station is a point on the Richmond and York river railroad, about seven miles from Richmond, within a few yards of which Mr. Savage has a fine dwelling house, surrounded by a beautiful sloping green sward, shaded with large oaks, and inclosed by a paling. There are in addition, adjoining the family residence, negro quarters, barns, and sheds, twelve or fourteen in number; all together being sufficient to accommodate 500 men. Within a short distance is an ample supply of water. These premises were at the moment occupied by General Heintzelman as his Headquarters, who with his staff was encamped in tents on the green immediately adjoining the house. Probably 500 wounded men were already collected in the grounds.

After consultation with Dr. Milhau, Medical Director of General Heintzelman's Corps, we began the difficult work of organizing a hospital. Surgeons were directed to report for duty—stragglers were impressed as nurses, cooks, and attendants—boxes containing culinary apparatus, bandages, medical stores, etc., found at the depot, were unceremoniously broken open—commissary stores were confiscated—two large iron kettles were found, and men assigned to duty in keeping one of them supplied with hot coffee, and the other with boiled rice.

Three principal depots were established for cases demanding operations, one in a barn, one in a hospital tent, the only one we had, and one under the shade of a tree in the rear of the house. To each of these depots from one to three surgeons were assigned with assistants. Other surgeons were detailed to the separate and detached buildings, and still others to the care of the wounded lying upon the ground.

It took some time to get the entire machinery in order, but after a few hours, what with supplies of instruments, bandages, portable soup, etc., sent to us from the White House by Dr. Tripler, and lemons, with sundry other articles, sent to us by the Sanitary Commission, a fair degree of system was attained, and the wounded began to receive tolerable attention.

When it is considered, however, that so terrible a conflict had not been anticipated, and no hospital preparations had been made at any point nearer than the White House, it cannot be supposed that, to some extent, all the wounded did not experience inconvenience, and that others did not actually suffer from delay or neglect. During the first day and night probably one thousand men demanded succor; not more than one half of whom could be accommodated with shelter. The grounds were literally covered with these poor fellows, and when night came it brought, as is very common here after a sultry day, a drenching thunder storm.

We did not sleep that night—I did not, and if any medical officer sought rest, it must have been because exhausted nature compelled a suspension of labor; for the occasional

cries of acute suffering from every side, and the silent, patient, uncomplaining endurance of pale and delicate looking boys, of men deprived of limbs, of soldiers of all ranks, privates and officers, upon whose faces death had fixed his mark—these were reasons why we could not think of rest. Very few had blankets; and, lying with their faces to the clouds, they watched for the day. With scarcely an exception these brave men met the storm of rain and wind during that night as they had met the bullets of the enemy during the preceding day, without flinching.

Capital surgical operations, necessarily suspended at night, were resumed in the morning; and not long after day-break the heavy roll of musketry in front notified the surgeons that new work was preparing for them.

During the night one load of wounded men had been sent down to the White House, but although the current of wounded coming in from the field had slackened, yet it never entirely ceased, and before morning our number was greater than on the preceding night.

About seven A.M. the avenues in every direction leading to the Station, were filled with wounded men coming in slowly on foot, on stretchers, or in ambulances.

Fortunately we had received before night on the day previous, valuable accessions to our Medical Corps in a number of volunteer and contract surgeons sent up to us from the White House. Our own surgeons had been laboring all the day and night upon the field, and were to-day more needed with their regiments than yesterday.

The gentlemen sent to me were distributed as follows. *Volunteers:* Drs. W. H. Page and A. B. Hall to the hospital tent; H. O. Hitchcock to negro hut No. 1; John Swinburn and John V. Lansing to the barn No. 1; Dr. Burr to the wounded in the yard. *Contract Surgeons:* Dr. F. C. Green to remain at the cars and embark the wounded; Drs. A. Millet and L. D. Seymour to barn No. 2; Drs. J. A. Jacobs and P. Middleton to barns Nos. 3 and 4; Dr. Jas. M. Good to barn No. 5; Dr. Joseph Underwood to hut No. 2; Dr. Alexander Monroe to the dwelling-house of Mr. Savage; Dr. Charles Lodge to Antioch Church, about one mile below; Dr. T. I. Kerby to a house a little further down; Dr. J. L. Sutton to a house near Bottom's bridge; Dr. Elisha G. Esten to another house, containing 100 men.

The wounded had, without instructions, gathered in several buildings along the line of the road; and to these places, as soon as they were reported to us, we sent the gentlemen last named.

It became necessary also to detail one or two medical men to stand at the entrances to the grounds, with attendants, in order to unload the ambulances, get them out of the way, and to distribute the wounded.

All day the wounded came in, and all day the trains bore them off. A second night found us with the numbers not diminished, and to the Medical Officers and faithful attendants the work no nearer its completion. Again about midnight a severe thunder storm passed over us, this time accompanied by a driving wind which tore away, in some cases, the poor shelter we had constructed for the men; but—it is strange—there was no complaining, while they had been lying on the open field, two nights and one day, many had been carried off by the cars, many had died, but others still waited patiently for their turn. When the order came for the litter bearers to carry them to the cars, they picked up their canteens of water, with the fragments of hard bread which were lying beside them, and turning towards us their bloodless faces, thanked us and said, "Good by, Doctor." I do not remember their names, but I wish I knew the fate of that young lieutenant whose arm was carried away by a cannon shot, and who sat, or leaned, against the foot of one of the trees all this time, and upon whose face I never saw a sign of impatience; and of the boyish-looking private who, wounded in the thigh and arm at the same time, lay upon the grass under a burning sun by day, and under dews and rains by night, washing his own wounds with his left hand, and carefully dividing his

single piece of oil cloth with his rough looking comrade beside him.

June 2d, the day after the second battle, the number of wounded brought in was scarcely less than on the previous days. There were those who had been left on the field, and had gradually made their way in, or who had been found in the marshes and woods occupied on Sunday by the enemy. Details of men had been sent out under charge of surgeons, with litters and ambulances, to search in every direction to the extreme outposts of our picket lines. In this duty I took part myself. The dead were lying thick over the whole extent of the disputed grounds, with here and there a wounded man unable to extricate himself from the marshes, abatis, or woods where he had fallen. At one place, in a tent, we found eight of the Confederates, with their wounds undressed, and some of them in a shocking condition.

Notwithstanding the heavy details that were made from day to day for this purpose, it was several days before all the dead were buried. The enemy, although occupying a large portion of the ground after the battle of the first day, had left multitudes of their own dead as well as of ours, unburied. Within a radius of twenty feet of where the gallant Major Van Voltenburg of Bailly's battery lay dead, were fifteen dead Confederates.

The dead horses, around this battery numbering fifty or more, were finally disposed of by consuming them under piles of brushwood.

It is painful to state that so late as the third or fourth day wounded men were rescued from the marshes, who had lain all this time without succor.

We continued to search from day to day during several weeks. On the 16th of June, Dr. Haven, Brigade Surgeon on General Peck's staff, reported to me that he had that day discovered on a piece of ground, recently occupied by our advancing pickets, several unburied dead bodies. On the morning of the 17th, Dr. Haven and myself, with a detail of five men went to the spot, and found the bodies of eleven men, all Confederates, lying in a marsh on the extreme left of our lines, near the point where General Peck first met the enemy so vigorously on the 31st of May. We buried them all, but the remains of only one man were identified: this was Lieutenant A. P. Stovall, of Congers, Ga. His initials were carefully carved by us upon a large pine tree at the head of his grave, and the bearings of the tree carefully noted, in order that his friends might hereafter recover his remains, if they desired to do so.

It is impossible to say precisely how many wounded men passed through our hands at Savage's Station during the first three days after the battle, but it is certain that there were not less than 3,000. The entire absence of anything like a permanent provision for the wounded at this point rendered it imperative that they should be sent as speedily as possible to the rear. At first, and until several car loads had been sent off, we registered the names, company, and regiment of each man, with the character of his wound, and the surgical operation made, but soon the pressure became so greatly disproportioned to the abilities of the Surgical Corps that the enumeration had to be suspended.

Many amputations were made, and nearly all of them, I believe, while the patients were under the influence of either chloroform or ether: chloroform being employed in a majority of cases. Surgeons on the field made a few "immediate" amputations, some of which I saw on the following day doing well, but most of the amputations were "primary" as distinguished from "immediate," that is at periods ranging from six to forty-eight hours after the receipt of the injury, when, to a degree more or less, the system had rallied from the original shock. It is true, however, that only in a small proportion of the cases, even after the lapse of twenty-four or even forty-eight hours, had the system fully recovered from the shock. The long exposure of many of the men upon the field, the chilling rains at night, and the want of stimulants or nourishment, may explain the general absence of reaction. Some sank



soon after the operations were made, but most of the amputations looked encouraging when the subjects of them left the station. As to the final results, we have at present little or no positive information.

It is no part of my intention in this communication to record surgical cases, but only, by a careful circumstantial account of the events which followed the battle of Fair Oaks, and which came under my immediate observation, to convey to the young medical officer some idea of the duties which are likely to devolve upon him under similar circumstances. These events, in precisely the same order, with only slight variations in the details, have been repeated many times during this war under my own eyes. Other surgeons have had a similar experience in a multitude of instances. The number of surgeons in the army is small; there is no thoroughly organized ambulance corps; not more than one fifth of the number of ambulances allowed by regulation is furnished, and not one half the proper number of litterers; very few regiments have a transport cart for their hospital stores. Quartermasters are generally occupied in other duties than attending to the wants of the sick or wounded. Commissaries have to provide for the wants of their own regiments or brigades, and cannot supply rations to those, whether wounded or not, who, having fallen to the rear, are compelled to lie down and be fed, or perish within the limits of another command.

The surgeon on the field of battle and on the march, must improvise means to supply all these wants, and to remedy all these defects. He must render himself in some sense, ubiquitous. He must be not only the surgical operator and medical adviser, but he must become Quartermaster, Commissary, Nurse, Cook, Litter-bearer, and finally, Undertaker. The surgeon must do all these things, not because such duties are required of him by the regulations, or are imposed upon him by the commanding officers, but simply because if he did not do them they must, in very many cases, be left undone.

Head-quarters of General Keyes's Corps, July 27, 1862.

#### THE PRESENT

#### STATUS OF PSYCHOLOGICAL MEDICINE.

By I. PARIGOT, M.D.

LATE COMMISSIONER IN LUNACY AND SUPERINTENDENT OF GHEEL, BELGIUM.  
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#### VI.—PUBLIC AND PRIVATE ASYLUMS.

WHATEVER be the cause, it is a great blessing to find at least one country, North America, where so few prejudices exist against insanity, and where rather a real Christian feeling of charity is practised towards its unfortunate victims; the consequences of such a state of public opinion change completely the moral position of those patients who, having recovered, re-enter society. They are less subject to suspicion or sharp remarks, and, at the same time, the devotion of those medical men who dedicate their life to the direst grievance of our nature stands in its full light of usefulness. These facts must be well known in Europe, since we may read in the *American Journal of Insanity* (April, 1862), that the chief editor of the *Algemeine Zeitschrift für Psychiatrie*, Dr. Löhr, considers that the North American chemist enjoys many advantages over his scientific brethren of other countries. Dr. Löhr said in a public speech, that the Americans show a great deal of interest for the asylums; public money insures the greatest care and comfort to its inmates; editors of books and newspapers present gratuitously copies to their libraries, and at last, the physicians who occupy themselves with insanity are supported before public opinion by the generality of the best literary men of the country. The opinions of Dr. Löhr may perhaps appear somewhat a criticism of what is going on in Europe, where lately the Lord Chancellor of England used invectives against the profession held in high estimation on this side of the ocean. Indeed there exists here a great feeling of justice and true compassion for men-

tal infirmities; a man may lose his fortune, few persons except intimate friends will take interest in him; none will perhaps help him directly, because everybody is aware that with courage, activity, and honesty, the country affords a living to all; that unfortunate man may there perhaps recuperate what he had lost; but if he loses his reason there is a general sympathy for him, he is himself helpless to his own misery, and he must be taken care of! Another general feeling appears prevalent among all classes, that such disease as insanity equalizes all ranks among sufferers; we learned from authentic sources that the richest families do not hesitate sometimes to send their invalid friends or relatives in state asylums, which are nevertheless principally affected to the relief of the poorer classes; abstractly considered this manner of doing may appear just, nevertheless, practically, a question remains to answer, viz.: Is it good policy, and is the abolition of social ranks between educated and non-educated, between poor and rich insane persons, a favorable circumstance for the cure and benefit of all classes? We know by personal experience that in America, and this is to be remarked perhaps more in the Brazilian Empire than anywhere else, the middling class composed chiefly of artisans or trades is much more educated than it is generally the case; hence common life in an asylum might perhaps be more supportable in America than in Europe. *Pauperism* is a personal degradation, as Dr. Jarvis, of Massachusetts, denominated it to be, and has only been imported by emigration in America; labor and the far-west solitudes are the remedies against any bad chance! Returning to our object, we were told that in public asylums of North America, when a recent case was to be admitted, room was sometimes made by a rich patient who had to leave the asylum immediately in order to give his place to a poor man; certainly this is but strictly just, for it is not the place of a rich man to occupy at any time the asylum belonging to the poor. Considering, however, that exclusion in another point of view, it may be exceedingly fatal in many cases; its individuals have certain absolute rights which must never be overlooked; supposing a treatment has been commenced under physicians of reputation, in whom the friends and families have put all their hope, why should that rich man be deprived of a right to which he was entitled by his admission? Let people be rich or poor, ideas, feelings, and their consequences take their origin in the very circumstances in which individuals are born or accustomed to; now where a man is surprised by disease, is it just to deprive him of the cares, attentions, or even the respect he supposed due to him? Again, in the normal state of his intelligence, we can certainly trace the cause of desolation of a *once* rich man to the necessity of his recourse to public beneficence, therefore the same often may take place in an asylum where all ranks are mixed. In a general point of view we do not see the advantage of levelling society to one form of thought, opinion, or rule of action; at least, it would deprive us, physicians, of employing moral levers or motives of action peculiar to each class. In insanity each case bears a certain peculiar stamp; its cause, origin, and peculiar circumstances impress a different character to each patient, in consequence of which moral and medical treatment must answer each necessity; thus a patient should live, as much as possible, in a style similar to that which he enjoyed before, surrounded by the same class of persons which he has been accustomed to associate with; he must even be satisfied in all his *acquired* wants of station in life. I think it an impossibility to level society between insane persons living together, unless by violating in some respect their freedom and individuality. Private institutions correspond to necessities of our social life; in America few of these exist only at this moment, and it is very remarkable that they are not an object of speculation; among money-men, again, there exists an immense difference with the great mass of European private asylums, which generally are mere business jobs. The origin of that evil is that in the beginning of this century state asylums were erected principally with the view of reforming the jails and dens

in which previously the insane were incarcerated. It was not intended to establish hospitals for the special cure of that disease; in view of the great number of sufferers an economical principle was sought after to accommodate the greatest number at the lowest cost; now, under the constant appeal of their medical officers asylums transform themselves in hospitals. But the large private institutions of Europe remain of course behind the general progress because they have only *profit for an object*; a great many of these institutions are even without physicians to attend the inmates, or they present cards having only nominally physicians who occasionally visit the establishment! We must notice, and do it with great pleasure, that private asylums kept by American medical men are of the highest character and held with much estimation by the public; the greatest number of their proprietors are gentlemen who during many years were heads or superintendents of public asylums, and gained the public confidence, and other American doctors who gave such public proofs of their learning that their name is celebrated in the annals of science. Besides, private institutions being able to receive only a few patients, it was found lately by statistics, that the cure of insanity was much more frequent in private than in public asylums, and that in consequence such terrible disease has less victims in the upper classes! Why not so for the whole community? Because, as we have already stated, the staff of medical officers of public institutions is much below what would be a fair relation to the number of patients to attend. Indeed, there is but one thing to wonder at, that so many valuable works and journals on insanity could have been published by these medical officers of asylums, in which, as one of them declared in a public sitting of the Academy of Medicine of New York, that the whole administrative burden is heaped on the shoulders of the superintendents, independent of the scientific direction.

## Reports of Hospitals.

### NEW YORK HOSPITAL.

PENETRATING WOUND OF ABDOMEN, WOUND OF LIVER, ETC.—  
CARIES OF ANKLE.—AMPUTATION OF LEG.—COMPOUND  
FRACTURE FEMUR (GUNSHOT).

[Reported by JOHN T. KENNEDY, M.D., Acting House Surgeon.]  
(Continued from page 106.)

The following surgical cases, though not of rare occurrence, present some points of interest, which it may be fitting briefly to allude to. First, on reference to Case I. An extensive wound is inflicted in the liver, and yet for the whole period of illness there are no symptoms manifested which would point directly to that organ as the seat of the injury, except perhaps the uncontrollable and regurgitant vomiting. There was no sign of jaundice present, and very little prostration. The life of the patient was also prolonged to a considerable length, which effect was due no doubt to the stimulating and soothing effect of the opiates. No one can too highly estimate the value of such remedies in similar cases, not only as regards the effect upon the duration of life itself, but with reference to its rendering tolerable the last and otherwise agonizing hours of life.

The second case illustrates the manner in which irreparable disease of the ankle and bones of the foot is often produced. A low grade of inflammation is set up in consequence of slight but repeated injuries, until finally the bones of the ankle become involved in the disease, and amputation, as in this instance, is the only resource. The same sort of difficulty is too often the result of wearing tight boots, especially where too much pressure is made over the instep.

In the third case of death from secondary hæmorrhage,

a practical lesson can be drawn with reference to the use of persulphate of iron as a local application. In hæmorrhages attended with mere oozing, or even where small vessels are the seat of the bleeding, it is excellent and perfectly reliable, but as an adjuvant to other means where large arteries are concerned, the question naturally arises whether it had not better be dispensed with. Its application is always attended with a blackening and infiltration of the tissues, and in case an operation for ligature should be required, the vessel could be found only with the greatest difficulty. Buck's apparatus, which is incidentally alluded to, is universally employed throughout the institution for fractures of the thigh. The principle involved is elastic extension by means of weights and pulleys, with small coaptation splints.

Case 4 has but one point for reference, and that is the situation of the wound, it being, as usual, too high to wound the large vessels of the neck.

Lastly, the fifth case is an illustration of the manner in which serious operations may sometimes be avoided, and yet the patient recover.

CASE I.—*Penetrating Wound of Abdomen.*—John Paul, æt. forty, a native of Maryland, seaman, was admitted May 31st, 1862, in the service of Dr. Halsted, with a wound of the abdomen, inflicted by a sheath knife in the hands of an assailant. On examination after admission, and about two hours after the injury was inflicted, there were found two wounds, each about one and a half inches long, meeting at a right angle, and situated in the right hypochondriac region about four inches from the median line and three inches below the margin of the ribs. Immediately after the injury a surgeon was called, who found the abdominal contents protruding. These he reduced, and closed the opening by means of a suture through each of its branches. This served the purpose only temporarily, for, on entering the hospital, a portion of omentum, about as large as a good-sized almond, was found to have escaped from its natural cavity. The hæmorrhage which had previously existed had then ceased, and he was not suffering any from shock. The patient was placed on his back, the protruding omentum reduced, additional sutures applied, and over the whole a compress properly secured by a bandage. Immediately after sol. sulph. morphine was administered in a fifteen drop dose, and in the course of an hour afterwards one grain of opium, in the form of a pill every hour. Between the hour of admission and midnight the abdomen was gradually growing tympanitic, the pulse at the same time growing more frequent. Regurgitant vomiting soon came on, and continued during the remainder of the night. During the following day tinct. opium was given by the grain dose every two hours, and during all the time the respiration averaged twenty-eight per minute, and the pulse ninety-eight. During the night he would have slept soundly were it not for the vomiting, which by the way was only temporarily controlled by an enema of 3i of tr. opii. On the second day, June 2d, the stomach became quite irritable, and bits of ice were ordered to be swallowed occasionally. There was moderate tympanites, but not much abdominal pain. Opium was continued at intervals of about three or four hours, and during the day the respiration averaged twenty-three per minute, and pulse one hundred and twenty-five. Vomiting was very troublesome during the night, and could not be controlled. On the morning of June 3d he began to sink, and about 2 p.m. died in collapse.

*Post-mortem, twenty hours after.*—Body well developed; rigor mortis well marked. On reflecting the abdominal parietes the wound was found to have the extent, character, and situation above described. It was also found that the weapon had transixed the great right lobe of the liver near its anterior border; that it had also transixed the gall-bladder, wounded the cystic duct, and penetrated into the substance of the lobulus Spigelii. A large clot surrounded the wound of the liver, and partially coagulated blood, mixed with a small quantity of lymph, occupied the sulci between the intestines. The small intestines were greatly

distended and their peritoneal covering injected, the parietal peritoneum presenting a normal appearance. The upper portion of abdominal cavity, with the contained viscera, was stained with bile. The brain, lungs, heart, kidneys, spleen, and other abdominal organs, were examined and found healthy.

**CASE II.—Necrosis of Leg, and Curies of Foot; Amputation.**—Charles Battastini, æt. 26, N. Y., caulker, admitted May 7th, 1862 (Dr. Halsted). Patient is of a healthy family, and, with the exception of an attack of variola, has himself always enjoyed good health until between three and four years since, when he sprained his right foot while running with a fire-engine. This was followed in about a week by a swelling about as large as a walnut, hard and painless, situated over the external malleolus. This state of things continued, without causing him any inconvenience, for about two years, when, running to another fire, he was suddenly seized with pain in the ankle, which soon passed off. About a month after this the ankle on both its outer and inner sides commenced to swell, and has continued gradually to enlarge ever since; but at no time has it confined him within doors, or occasioned much pain. About six months since the outer swelling was opened in two places, giving exit to nothing but blood. Pus soon began to discharge, and continued to do so up to the time of admission. At about the same time also the foot began to be drawn downwards, and now presents somewhat the appearance of talipes equinus. The joint at the same time became stiff. He has been confined to the house since the swelling was opened. Several small spicula of bone have come away at different times. On examination there appear two fistulous openings over the outer malleolus, with protruding fungous granulations. Through these the probe detects dead bone. The ankle measures thirteen inches in circumference, whereas the healthy one is only eleven. Eczema of the affected leg is also noticed, which has existed for eight or nine months. The ankle is dusky in hue, rather hot, but neither painful nor tender. Patient has had syphilis, and is now thought to be laboring under the syphilitic cachexia.

**Treatment.**—Decubitus. Eczema treated with applications of oiled-silk. Patient advised to have the foot removed.

May 14th.—A small ulcer has appeared over the fibula about at the junction of its upper and middle thirds, through which the probe detects dead bone.

May 19th.—A consultation having been called and amputation decided on, patient was etherized and taken to the theatre, where the leg was amputated about at the junction of its upper and middle thirds. The circular method of amputation was adopted. After removal the diseased parts on dissection presented the following appearances: the bones of the tarsus were distorted and more or less consolidated, the articular ends of the tibia and fibula much expanded, and the articular surface of the tibia extensively diseased.

Patient subsequently made a good recovery.

**CASE III.—Compound Fracture of the Femur from Gunshot Injury; Secondary Hemorrhage; Death.**—Chester Adams, æt. 31, New York, Co. D, 3d Michigan Volunteers, admitted June 15th, 1862 (Dr. Parker, attending surgeon). Patient was wounded by a musket-ball at the battle of Seven Pines. The ball entered the left thigh at about the middle of its outer aspect, and was removed just externally to the femoral vessels and immediately beneath Poupert's ligament. In its course it fractured the femur at about the junction of its upper and middle thirds. Previous to admission the limb was treated by extension with Desault's splint. The apertures of entrance and exit are large and pointing, and discharged freely healthy pus. He was a vigorous man, and his general condition was good.

**Treatment.**—Extension by means of Dr. Buck's apparatus, with a brick as the weight. Poultice applied to lower opening; dry lint to the upper one. June 16th. Poultice discontinued. June 18th. This morning hæmorrhage took place from the lower opening, nearly a quart in amount,

which was restrained by pressure on the femoral artery and the application of lint soaked in liq. ferri persulph. The hæmorrhage caused a state of extreme prostration; pulse scarcely perceptible at the wrist; surface cold and clammy; respiration hurried. P.M. Patient has had a chill, followed by cold perspiration. Pulse 152, very weak. Hæmorrhage has not recurred, but the stomach is very irritable. Ord. tinct. chloroformi gtt. xv. in whiskey and water; also R spir. vini Gallici. ʒ ij., beef-tea ʒ ij., tinct. opii gtt. xv.; ft. enema. Patient is allowed to take champagne or soda-water; also ordered sinapism to epigastrium. Extension discontinued. 11 P.M. Patient is evidently sinking; pulse very rapid and scarcely perceptible at the wrist; skin cold and clammy. June 19th. Patient continued to sink, and about 11 A.M. he quietly died.

**Post-mortem, twenty-six hours after.**—Rigor mortis well marked. Tract of wound was opened by passing a director from the lower opening to the upper one, and dividing from below upwards. Femoral artery and vein were dissected together with the profunda. The point of hæmorrhage was not discovered thus far, and the previous application of ferr. persulph. had so blackened those parts as to render further dissection impracticable. The femur was found greatly comminuted for at least two and a half inches from its head. The wound was connected with the abdominal cavity by a rupture through the internal abdominal ring. Some peritonitis about the opening. Liver and kidneys were very anæmic. Other organs normal.

## Reports of Societies.

### MEDICAL AND SURGICAL SOCIETY.

DR. T. M. HALSTED IN THE CHAIR.

MEDICAL AND SURGICAL CASES.

STATED MEETING, Nov. 2, 1861.

(Continued from page 92.)

#### HEPATIC TROUBLE AND CONVULSIONS.

DR. MCCREADY alluded to the case of a gentleman from the West Indies, who some years since had abscess of the liver, which discharged several times through the intestine. Since that time has had considerable pain over the hepatic region, and occasional spasms affecting the right side. During these convulsions the patient suffers acutely, but does not lose consciousness. There is some tenderness over the fourth dorsal vertebra, which extends to either side. Dr. McCready suggested that these spasms were hysterical in their character, he having observed the same kind of convulsive movements several times in men who were suffering from excessive prostration.

Dr. Post had recently removed a lipomatous tumor from the forehead, which had existed for twenty-five years, and had caused a considerable depression in the frontal bone.

Dr. PARKER related a case of pharyngeal tumor, occurring in a patient at Bellevue. A man, æt. 54, of spare habit, of good constitution, a rigger by occupation, began to suffer about two months ago from hoarseness, slight dyspnoea, and dysphagia. Just before entering the hospital a fortnight since, the dyspnoea became severe, and one evening the difficulty of breathing was so great that the house surgeon was obliged to open the trachea. There was so much thickening and induration of the crico-thyroid membrane, that a trocar was used in effecting the opening for the tube. This thickening was supposed to be the result of laryngitis. When time had been given for the subsidence of the inflammation, the tube was removed, but in the course of two hours the dyspnoea became so urgent that it was reinserted. In the meantime the patient's general condition grew worse, and the tracheal aperture gradually diminished in size, so as to force the tube outwards. The dysphagia also increased. No evidence of tumor or aneurism was discovered by physical examination.



The patient died from exhaustion, and the autopsy revealed a solid tumor occupying the posterior and left lateral half of the pharynx. The tumor had pressed forward towards the trachea opposite the cricoid cartilage, and had made an opening by absorption into the trachea, where it presented a fungous surface. Dr. Flint, Jr., saw the case before it passed into Dr. Parker's charge. The voice at that time was not husky, and there was no difficulty in deglutition, but there was some dyspnoea, and the difficulty in inspiration and expiration was equally great.

STATED MEETING, Nov. 15, 1861.

#### HEMORRHAGE FROM WOUND OF PENIS, ETC.

DR. SANDS related a case of hæmorrhage from wound of penis. The patient wounded the penis by sitting on the broken fragment of a pickle jar that had been carelessly thrown into the bath tub in which he was bathing. The hæmorrhage at the time was profuse, but was checked by styptics and pressure. A few days afterwards secondary hæmorrhage occurred, which was again checked by astringents. During a third recurrence, about ten days after the accident, Dr. Sands was called, and after failing to check the bleeding by ordinary means, resorted to ligature. Considerable difficulty was experienced in finding the bleeding vessel. There was a wound of the foreskin on its under surface, through which the blood welled up, but the bleeding vessel could not be found at this point nor in its neighborhood, but on slitting up the skin of the penis near to the scrotum, a wound of the corpus cavernosum was found, from which the hæmorrhage proceeded. A vessel of considerable size was tied, which effectually controlled the bleeding.

DR. PARKER alluded to a case that came under his observation some years since, where the penis was injured, while in the erect state, by twisting. After the injury, only one half of the corpus cavernosum was capable of erection, the other half remaining flaccid. There was some tenderness of the affected side, and some thickening of the theca. Rest, a rigid diet, the use of mercurials for a time, and afterwards of the iodide of potassa, with local blistering, improved the patient's condition wonderfully.

#### DIABETES TREATED WITH CAMPLIN'S CAKE.

DR. BULKLEY alluded to a case of sacch. diabetes where the amount of urine passed was reduced from 350 oz. daily to 60 oz., under the use of Camplin's bran cake. In another case the amount was reduced from 256 oz. to 70 oz. by the same treatment. The general condition of both patients improved, and the thirst was entirely appeased.

DR. METCALFE alluded to two cases where diabetes had existed in one patient for eleven and in another for sixteen years. The dietetic treatment was abandoned, and the patients improved. Dr. Buck knew of one case where the disease existed for ten years. Dr. McCready had a case under observation for seven or eight years. The patient was a very fleshy woman. She passed a large quantity of urine daily, having a specific gravity of 1.040. She did not lose flesh, and the skin remained moist. She took opium largely, and finally died with head symptoms. Dr. Metcalfe has abandoned for some years the dietetic method of treatment. Dr. Parker's experience has induced a similar conclusion. He alluded to one case in a gentleman seventy-two years old, and to another in a man twenty-five years of age, who passed large quantities of water of high specific gravity, and became much emaciated. He began to drink lager beer, and improved rapidly. Dr. P. saw him two years afterwards, and the improvement was marked.

STATED MEETING, Dec. 7, 1861.

In the absence of the President, DR. BULKLEY in the Chair.

#### TUMOR OF GROIN.—OBLITERATION OF FEMORAL ARTERY.

DR. WOOD described a case of tumor in the groin following a blow. The patient was a man æt. 30. He received a severe blow in the groin, and soon after discovered a hard tumor, as large as his fist, situated in the groin above and

below Poupart's ligament. When Dr. Wood saw it, the surface was discolored, and there was no pulsation of the femoral or tibial arteries; the temperature was below that of the other limb. The superficial part of the tumor seemed to be coagulated blood; this was absorbed in time, and left a deeper seated tumor, which still continued to interrupt the circulation in the femoral and ext. iliac. A week afterwards Dr. Wood heard that the tumor was gradually disappearing, and pulsation had reappeared in the tibials but not in the femoral. The tumor is now entirely absorbed, but the femoral is obliterated.

#### EXTENSIVE NECROSIS.

DR. THERAUD alluded to a case of extensive exostosis in a boy æt. 11. Every long bone in the body was the seat of exostosis. They began to be developed when the boy was a year old. They are symmetrical in their growth on the two sides of the body; they vary in size from that of a pea to that of a hen's egg, and are unaccompanied with pain. The boy enjoys fair health.

#### CEDEMA OF VENTRICLES OF LARYNX.—TRACHEOTOMY.

DR. BUCK related the history of a case in which he had himself been called upon to perform tracheotomy. The patient, a man, æt. 25, returned from Washington some weeks since with typhoid fever, for which he was treated by Dr. Henschel of this city. He had hæmorrhage from the bowels, and while convalescing suffered from superficial cutaneous abscesses in different parts of the body, and especially over a recently blistered surface. A few days previous to Dr. Buck's seeing him, he complained of dysphagia, which was relieved by swallowing a bowl of warm soup. The day before Dr. Buck saw him, he began to suffer from dyspnoea, inspiration being very difficult; deglutition again became difficult, the voice diminished to a hoarse whisper, and the cough croupy; the pulse grew frequent and feeble. When Dr. Buck saw him, there was no evidence of external swelling, nor any tenderness about the larynx. Examination of the fauces and epiglottis revealed nothing. There was no cedema, and no evidence of post-pharyngeal abscess. The existence of obstruction was clear, but the cause was not apparent. The idea of cricoid abscess was suggested, but could not be verified. Tracheotomy was performed. When the operation was completed as far as the exposure of the trachea, the breathing ceased, and the patient assumed the appearance of death. An entrance was promptly effected, and a curved hook introduced so as to hold the trachea open: breathing gradually returned, and a double tube was introduced. The next morning deglutition was much easier. There was some discoloration of sputa with blood, but the cause of the obstruction remained and is still obscured. The patient now swallows solids; during the day he wears the perforated tube, and by closing the opening he can speak in an audible tone. No proof of abscess has yet been discovered, and Dr. Buck is inclined to ascribe the obstruction to cedema of the ventricles—a variety of cedema described by Cruveilhier as occasionally occurring.

DR. CLARK thought Dr. Buck's explanation the correct one. Dr. Markoe thought the pharyngeal symptoms could not be explained by any intra-laryngeal difficulty. Some difficulty in deglutition still exists. Dr. Buck used in this operation Trousseau's forceps for holding open the incision in the trachea; they are useful in controlling venous hæmorrhage, and allowing the easy introduction of the tube.

#### STONE IN BLADDER.—LITHOTRITY.

DR. MARKOE related a case where he had recently operated for stone in the bladder. The patient was a boy, æt. 8, who had suffered from symptoms of stone for eighteen months. The stone seeming to be a small one, the median operation was preferred. The grooved sound was introduced into the bladder, and forefinger of the left hand passed into the rectum so as to fix the prostate. The sound being firmly held, the point of the knife was entered at the anterior margin of the prostate, about one inch

anterior to anus, and carried forward into the bladder; the finger was then passed through the incision into the bladder, and the wound dilated so as to allow the entrance of the forceps. The stone was fortunately seized so as to present its short diameter to the opening, and easily extracted; it proved to be larger than was anticipated, being oval in shape, and about an inch and a quarter in its long and three-quarters of an inch in its short diameter. Three hours after the operation, the patient got up and passed his water through the natural passage. He had entire control of his water after the operation, and at the end of fourteen days the wound was almost healed.

#### CANCER OF UTERUS IN VERY YOUNG PATIENT.

DR ELLIOT related a case of cancer of the uterus in a very young patient. An English woman, æt. 21, miscarried on shipboard, on her passage to this country. Dr. Elliot saw her for the first time in March of this year. She had at that time a fetid discharge, which had existed since the miscarriage, and from this, and the condition of the cervix, cancer was diagnosed, though the patient had no evidence of cachexia. Dr. Elliot never saw the woman afterwards until a few weeks since, when he was asked to see a case of cancer of the uterus at Bellevue, and recognised his patient, now rapidly sinking under the disease. She died, and at the post-mortem examination the diagnosis was confirmed. The vaginal cervix was eaten away by cancerous ulceration, the recto-vaginal cul-de-sac was obliterated by adhesions, and there was extensive pelvic cellulitis. At two points the peritoneum was just ready to give way, and pressure caused pus to exude into the peritoneal cavity. The liver was very fatty. Peritoneal inflammation had been prevented probably by adhesion.

The Society then adjourned.

## American Medical Times.

SATURDAY, AUGUST 30, 1862.

#### MEDICAL INSPECTION OF RECRUITS.

THE United States are about to present to the world the largest and best appointed army of modern times. One million of men will be its minimum strength, and its equipments will embrace every invention known to modern military science. Such an army, thoroughly disciplined, and led by competent officers, would seem capable of accomplishing any given object, whether for conquest or defence. And yet history has always taught what we have now learned by grievously sore experience, that the efficiency of an army does not depend upon its numbers or its equipments, but upon the physical strength of the individual soldier.

In the formation of the army the medical profession bears a most important part, for to it is assigned the task of selecting the materials of which the army is to be composed. Government commits to the inspecting surgeon the grave responsibility of determining the physical health of the recruit. Of the value which other governments place upon these duties we have the most positive evidence. The Prussian regulations state:—"The duty of inspecting recruits, and of determining whether they are fit or unfit for the military service of the country, is one of the most difficult and responsible that an army surgeon has to perform. The Austrian regulations have the following:—

"The duty of inspecting recruits and conscripts requires the utmost impartiality, skill, and circumspection on the part of the medical officer." And an experienced writer has said:—"In a financial, a political, and perhaps, I may add, in a medical point of view, I am not aware of any part of the duty of a medical officer which is of more importance than the inspection of recruits on a large scale, and the examination of inefficient soldiers; and, consequently, these duties deserve a very careful consideration."

That our Government regards it as no trivial matter to pronounce upon the health of the recruit, may be inferred from the following certificate which the surgeon is required to sign:—"I certify on honor, that I have carefully examined the above-named recruit, agreeably to the General Regulations of the Army, and that in my opinion he is free from all bodily defects and mental infirmity, which would in any way disqualify him from performing the duties of a soldier."

The regulations of the recruiting services of the United States are sufficiently stringent, and if implicitly followed would give to the ranks only qualified men. The medical examination is required to be systematic and complete in all that pertains to the person's present and past life, as well as to his physical condition. The regulations are:—"In passing a recruit, the medical officer is to examine him stripped, to see that he has free use of all his limbs; that his chest is ample; that his hearing, vision, and speech are perfect; that he has no tumors, or ulcerated or extensively cicatrized legs; no rupture or chronic cutaneous affection; that he has not received any contusion or wound of the head, that may impair his faculties; that he is not a drunkard; is not subject to convulsions; and has no infectious or other disorder that may unfit him for military service." The surgeon who does his duty faithfully, amplifies the details of inspection so as to detect every possible disability. He will thoroughly inspect the external surface; he will test mental capacity by examination of the head, and by well selected questions; he will test vision and hearing by experiment; the viscera of the thorax and abdomen by percussion and auscultation; the limbs and joints by exercise. In this manner he will pass in review every organ, every function, and every source of disability. Such an inspection requires both time and experience. No man could make such an examination as the army regulations establish hastily; the minimum of time would be what a conscientious physician would require to determine an obscure disease. Nor can a civil practitioner enter upon this service as a qualified person; the inspection is for a special service, and only the surgeon familiar with the peculiarities of such service, by long experience, can be well qualified to discharge this duty.

The medical inspection of recruits for the volunteer service, as now conducted, is in too many instances a gross abuse of a most important office. The examinations are so superficial at many recruiting stations, that the most obvious defects are overlooked. The army is being filled with old men and boys, and recruits having such disabilities as defective vision and hearing, ankylosed joints, hydroceles, hernias, aneurisms, etc. If we add to these defects the more latent diseases of the internal viscera, which necessarily escape detection, and which will assume an active character in service, no one need be surprised at the overflowing condition of the military hospitals of the country as soon as the army commenced active operations. It can

scarcely be credited, and yet it is stated on the best authority, that a single medical inspector has regularly passed two hundred and fifty men daily, occupying eight hours each day. The examination of each recruit in this case occupied on an average less than *two minutes*!

Faulty medical inspection admits of a prompt and complete remedy. First, let a sufficient number of inspectors be appointed at each place of rendezvous, so that the labor shall not be pressing. The State of New York will put nearly one hundred and fifty thousand men in the field. Here is work for a score or two of inspectors, and yet it has but three! However anxious these gentlemen may be to do their duty faithfully, the thing is simply impossible. Again, they should be paid by the day, and not by the head. The temptation which fifteen cents a recruit holds out to a young physician to make a good day's job, by passing a large number, is unwarranted by any want of the service. Finally, the medical inspector should be a man of experience, and hence should be taken from the regular service. There are many surgeons of the Army who are invalided, or have been retired, but who are able and willing to undertake such labors. To them might be assigned, very properly, this duty.

Shall not these abuses in the recruiting service be corrected while yet the public service may be benefited? Napoleon is said to have thus remonstrated with the Legislature of France:—"Shame on you! I demanded a levy of three hundred thousand *men*; but I must have *grown* men. Boys serve only to fill the hospitals and encumber the road sides." Our government has called for twice three hundred thousand men, and shall she not have grown and able-bodied men rather than the lame, the halt, the blind, with which to further encumber our hospitals?

### THE WEEK.

THE value of a rigid Sanitary Police in the preservation of the health of a city peculiarly exposed to contagious and infectious diseases, is strikingly illustrated at New Orleans. Under the inflexible military rule of GEN. BUTLER the streets are thoroughly cleansed, all nuisances are removed, and quarantine is made effectual upon every vessel from infected ports. As a consequence that city, though in intimate commercial relations with ports where yellow fever is now prevailing in the most fatal form, is unusually healthy. In what disparaging contrast does New York appear under the sanitary supervision of a self-vaunting Board of Health Commissioners! Streets reeking with filth in an August sun, nuisances of every description around the tenements of the poor, and a quarantine managed for the personal gain of a few, are the legitimate fruit of our health regulations. The people of New York should understand that they are in great danger of an epidemic of yellow fever this season, through the grossest mismanagement of the quarantine, and that by the sanction of the Health Commissioners. Infected vessels from ports where yellow fever now prevails in its most virulent form, are allowed, in positive violation of law, to come to the upper quarantine, and finally to discharge their infected cargoes at our wharfs. How long will this be done with impunity? GEN. BUTLER replied to the Spanish Consul, who asked that a vessel from an infected port might pass quarantine and receive a cargo of tobacco, that the health

of New Orleans could not be offset by any amount of tobacco! We sadly need such energy and devotion to the public weal in the regulation of our quarantine.

THE BRITISH MEDICAL ASSOCIATION recently held its thirtieth annual meeting at London. It was largely attended, and its proceedings were of the most interesting character. The President, DR. BURROWS, delivered an opening discourse, in which he traced the rise and progress of the Society, and its past, present, and prospective objects. The address in medicine was delivered by DR. WALSH, and the address in surgery by MR. PAGET. The former address is said to have been thoughtful, eloquent, and brilliant, and PROF. BENNETT, of Edinburgh, in moving thanks to the orator, said:—"We need, indeed, not despair of our profession attaining to the highest rank in the world of intelligence, so long as such men as DR. WALSH live to inspire it with the force of their eloquence." Of MR. PAGET it is said:—"For sixty-five minutes did that gentleman pour forth one unhesitating stream of true eloquence, without a note or a line to aid his memory. Not mere words, not *vox et preterea nihil*, was his discourse; every word was incisive and to the point; there was nothing superfluous, and nothing wanting. It is saying little to add, that from first to last he riveted the attention of his audience. One only regret was occasioned by his words, and that was when they were ended." The session lasted four days. The Association seems to be in a highly prosperous condition.

OFFICERS returning from Richmond have frequently stated their gratification at meeting in the rebel army a trained Ambulance Corps, and express their surprise that we still cling to the old system of having soldiers help their comrades from the field. It is remarkable, that in the organization of the army so important a matter should be overlooked. In our time, when projectiles are so unerring and fatal, there is more than ever need of an ambulance corps, thoroughly trained, to follow the advancing columns and succor the wounded immediately, and thus leave the soldier untrammelled by a duty so foreign to his proper service. In the French army this corps is under as complete discipline as the rank and file of the army. Such careful provision for the wounded, also, adds much to the morale of troops. We believe the authorities have appointed a Commissioner to devise a plan for an ambulance corps, but we regret that attention has not sooner been given to the matter.

WE alluded some time since to the appropriation of a sum of money by Congress for the purchase of artificial limbs for maimed soldiers. A Commission consisting of several of the most eminent surgeons in the country is about to be convened in New York by Surgeon-General HAMMOND, in order to decide upon the best method of applying this fund. They will select the limbs best adapted to the purpose, and make such recommendations as seem advisable after due deliberation. We again express the hope, that medically-educated mechanical surgeons will alone be found worthy of the patronage of Government.

THE Medical Examining Board for contract surgeons in New York and Philadelphia have been adjourned by order of the Surgeon-General.



## Correspondence.

## LAND SCURVY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In a letter from Brigade-Surgeon CHAS. H. RAWSON, in the MEDICAL TIMES for July 19, 1862, I find the following observations, which have been so fully corroborated in my experience, and are so vitally important, that I desire to call the attention of the profession to them, so that in future the disease which Dr. Rawson so well describes, may be prevented, and that where it now exists undetected, it may become known and cured.

Speaking of the diseases most prevalent in the army of the west, he says:—"But the most singular of all diseases is a species of land scurvy that is very insidious in its effects, and I think many men are suffering from it, who are being treated for many other diseases." The symptoms are many, and are well described in the letter alluded to; general debility appears to be an important cause of this malady; the men complain that they are daily becoming weaker, great muscular weakness, sometimes soreness with red spots, ecchymotic and swollen feet and legs, rheumatic pains affecting bones, muscles, or any and every portion of the body. Some have pale, waxy, puffy, and anæmic swelling about the face; a few show ulcerated gums and mucous membrane, but they are comparatively few, appetite capricious, and bowels irregular, but generally have diarrhoea. In short, all of the symptoms of scorbutus as described in our Text Books. But I refer the reader to the letter itself, containing much else that is interesting and valuable in a short space, for a fuller exposition of Dr. R.'s views; I wish here simply to second them.

There have been, since the 9th of July, about one hundred sick soldiers treated in the wards of the 3d Medical Division, Dr. Loomis, visiting physician, until Aug. 1st.—since which time PROF. FLINT has had charge of the service. Of these patients, many were convalescents from typhoid fever, but of the remainder fully one half, about 35 per cent. of the whole number, were, and are affected with this disease. To be sure, quoting again, "Many of these men show no symptoms by mouth or countenance, and the indications of health are so striking" that one would at first glance pronounce them fit for duty, but a closer examination reveals their trouble. Quite a number, in whom there were no symptoms referable to the mouth and gums, have developed them while under treatment. That the men themselves were unaware of their disease, was evident from the answers they made to the question, "What is the matter with you?" Kidney disease, chronic rheumatism, swelling of feet and limbs, etc. etc.; and in one or two instances one of these a lieutenant, soreness of the gums, looseness of teeth and hæmorrhages from mouth, were the answers most commonly given.

The men under treatment were all from the Army of the Potomac, some of them from the Richmond hospitals. Many of these men have fleshed up, gained strength, appetite, and spirits, but are still weighed down with the stiffness and swelling of the limbs, and the excruciating pains, with the sore gums. They are all having the vegetable diet, with tonics, iron, and quinine.

The diarrhoea in these patients seems to be checked in proportion as they recover their general health and tone. General debility, instead of being a cause, as Dr. Rawson seems to think, appears to me to be another and most important symptom of scurvy, and sometimes has been the only symptom present, except the wandering "shooting" pains, on which to found a diagnosis. No deaths have occurred from this disease in the hospital.

Measures have now been taken to supply the army with vegetables, and the subsistence order of Gen. Pope coming into effect, will tend to prevent the future ravages of this disease, but still it is to constant vigilance and prompt ac-

tion on the part of the medical staff, alone, that the coming six hundred thousand recruits must owe their safety from scurvy.

Respectfully yours,

FRANCIS R. LYMAN, M.D.  
House-Physician.

BELLEVUE HOSPITAL, NEW YORK, Aug. 20, 1862.

## SICKNESS IN THE ARMY OF THE WEST.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

CORINTH, MISS., Aug. 8th. 1862.

SIR:—Since I last wrote you every effort has been made to close up all the hospitals between this place and the Tennessee river, and I am happy to state the last place is closed except one—the general hospital at Farmington, that now has 175 patients too sick to move at present. As it contains the final remnants of all the others, it will take three weeks probably to remove them all. Jackson, Tenn., has been decided upon as the place to establish a large general hospital, where all the sick for this portion of the army will be sent. It is fifty-seven miles north of this by the Mobile and Ohio Railroad, and is considered the healthiest place in West Tennessee. Beds are being prepared for 1,000 patients, and we may double the number.

Diarrhoea, some dysentery, remittent and typhoid fevers, and scurvy, are the principal diseases at present. The latter prevails more extensively than it ought, but it is very difficult to get fresh vegetables in any quantity, nearly everything having to be brought from the north. The U. S. Sanitary Commission are furnishing some eggs, chickens, potatoes, etc., to general hospitals, but the supply is nothing to the demand and requirements. The Government ought to have agents to purchase abundance of everything, and pay from the hospital fund, but as yet I can get nothing done. Some of the hospitals have two to four thousand dollars due them, and yet can do nothing with it, as nothing can be purchased here. Every one sees the necessity, but changes are so constant, it is difficult to get anything done.

The last load of sick went down the Tennessee river to-day, that will probably go by steamer this season, and those old hospital stations, Savannah, Pittsburgh Landing, Hamburg, etc., are deserted, and will only be remembered in history, except by the many thousands whose personal experience has been such as to indelibly press upon their minds the days and possibly weeks of discomfort and misery passed there. The health of the army is very good indeed, considering the season of the year. Hoping to hear from you soon, I remain as ever,

Yours, etc.,

CHARLES H. RAWSON,  
Brig. Surg. and Acting Medical Director, Depart. Miss.

## FOREIGN MEDICAL INTELLIGENCE.

THERE has happened recently in Paris a curious affair which strikingly illustrates the power of example, or nervous contagion. The infants of the parish of Montmartre were assembled to partake of their first communion. There were collected in the church 150 boys and nearly an equal number of girls, which, with the assistants, would make about 500 persons. The ceremonies continue for several days, and during the first day, although none of the exercises were of an excitable nature, three of the young girls fell senseless and had convulsions for several moments. On the second and third day, the same number were taken in a similar manner, and on the fourth day four other young girls reproduced the same accident. By this time the ecclesiastics began to think that they were exciting the children too much by praying so strong, and it was agreed in consultation to diminish their ardor. But in spite of this precaution, the fifth day's ceremonies exhibited similar scenes to an exalted degree, for on this occasion no less than thirteen were seized with convulsions and carried crying from the church. And during the evening services of this day,

twenty more were taken, some attacks being slight, while others were terribly severe. Several kept convulsed an hour and a half, and evinced many grave symptoms besides.

On the sixth day, which was the day after confirmation, fourteen children fell prostrate, smitten as if from fear into trembling and convulsions, as the archbishop laid his hands upon their forehead. The contagion showed great partiality as to sex, for not one of the boys became affected during the six days of religious performances.

I am the recipient of a little work, titled *La Thrombose et de l'Embolie Cérébrale*, by Dr. E. Lancereaux, of Paris. I believe I do not err in judgment when I pronounce this a most excellent and original treatise on arterial affections. I could say even more in its praise, but too great enthusiasm on my part might be ascribed to partiality, for the author was once my teacher in *La Pitié*, and is still my dear friend.

*Thrombose* means an arterial blockade. *Embolie* means the same; but in *embolie* the material obstructing has floated to the point where found, whereas *Thrombose* originates chiefly from disease of the arterial coats. It is incontestably proven by the author that one or other of these conditions is the cause of occlusion in the vessels of the encephalon, and consequently of *ramollissement*. The brain substance, in the accomplishment of its degenerative evolutions, has three successive periods anatomically characterized by an alteration of color and consistence. Red and scarcely softened in the first period, markedly pulpy and yellow in the second, and in the third white and diffuent. Cerebral *ramollissement* and all alterations accompanying it, which recognise for cause arterial occlusion, are constituted by *metamorphose régressive* of the normal elements of that portion of the organ once nourished by an obliterated artery. Symptoms following this condition are generally characterized by some form of paralysis, but by far the most common is sudden hemiplegia, with or without loss of the senses. Symptoms of cerebral hemorrhage bear great resemblance, but differ in their march, etc.

The divers forms of cerebral *ramollissement* owing to obstruction of encephalic vessels (arteries, veins, or capillaries), possess anatomical and clinical characteristics which clearly distinguish them from other forms of the same disease with which they have been invariably confounded.

I did not at first intend to write even this little on the work in question, for I am well convinced of my inability to touch, transpose, or meddle in any manner with the brilliant writing of the author.

CYCNET.

## Medical News.

"THE LATE EDWARD STANLEY, ESQ., F.R.S., Surgeon to St. Bartholomew's Hospital.—The medical profession will regret to hear that this gentleman, so long and so intimately connected with St. Bartholomew's Hospital, expired suddenly in one of the wards of that noble institution on Saturday afternoon. As a member of the Court of Examiners of the Royal College of Surgeons, he had been much engaged until a late hour nearly every night in assisting at the examinations of the large number of candidates now undergoing that ordeal. On the evening of Friday, the 23d instant, he left in excellent spirits. He rose on Saturday morning at his usual hour; and, having received and attended to his patients, repaired to St. Bartholomew's Hospital. In the act of addressing his friend, Mr. Arnott, on a case before them, he was observed to falter in his speech, and immediately to fall on the bed. Mr. Wornald, one of the surgeons of the hospital, afforded him instant assistance, and to this gentleman he whispered a few words stating he should soon be better, and desiring him not to feel alarmed; but, notwithstanding the kind and unremitting attentions of his colleagues, he soon ceased to exist.

Mr. Stanley had not been a large contributor by his pen in the advancement of surgical knowledge; but what he wrote he wrote well, as evidenced in his standard work on the *Diseases of the Bones*. He was also the author of a mode of performing the lateral operation of lithotomy, and also of a *Manual of Practical Anatomy*. Mr. Stanley, in addition to the appointments already mentioned, held that of Surgeon Extraordinary to Her Majesty the Queen. The lamented deceased leaves a widow and three daughters, and one son in the Church."—*Brit. Med. Jour.*

**MEDICAL STOREKEEPERS.**—The six medical storekeepers, provided by the recent act of Congress, have been appointed by the Secretary of War, upon the recommendation of the Examining Board, and assigned to duty at the principal army purveying depots. A large number of applicants were examined by the Board, and the appointments made purely with reference to their relative competence. They have been assigned to duty as follows:—George Wright to Surgeon R. S. Satterlee, Medical Purveyor, N. Y.; Henry R. Rittenhouse to Surgeon R. H. Alexander, Medical Purveyor, Army of the Potomac; Robt. T. Creamer, to Assistant Surgeon C. F. Alexander, Medical Purveyor, St. Louis; Victor Fuller, to Surgeon George E. Cooper, Medical Purveyor, Philadelphia; Henry Johnson, to Surgeon H. Laub, Medical Purveyor, Washington; Henry Stephens, Medical Purveyor, Cairo.

**SURGEON W. F. EDGAR**, formerly Medical Director at Cairo, has been ordered to report for duty to Medical Director McDougall, at New York. Medical Purveyor Baxter has established a medical supply depot at Alexandria, for the Army of Virginia. Dr. M. J. Davis, of Pennsylvania, has been appointed Assistant Surgeon, and ordered to report to Dr. Webster, Douglas Hospital. E. M. Tamisly, D. C. Beebe, and G. L. Menzie, have received appointments as Medical Cadets. The Adjutant-General has ordered the medical storekeepers recently appointed to report for duty.

The health of Providence in July, as indicated by the mortality returns, was so remarkable as to deserve a brief notice. The number of deaths was one less than in June; 31 less than in July of last year, and 25 less than the average for July during the last six years. The number was also less than in any year, except one, since 1842, when the population was less than half the present number. The fact that there were fewer deaths in July than in June, is unprecedented in the twenty-two years' registration in this city.

At a recent general meeting of the members of the Society for Relief of Widows and Orphans of Medical Men in London and its vicinity, it was announced that £977 had been distributed in half-yearly relief amongst forty-five families of its deceased members, besides £63 given in casual relief.

**MR. SPENCER WELLS**, in remarks on ovariectomy lately made by him, states "the girl last operated on was my fortieth case of ovariectomy. If she recovers, which I have no doubt she will, it will give a result of twenty-four recoveries to sixteen deaths—a proportion of exactly two recoveries to three operations."

**PRIVATE PHYSICIANS.**—No more private physicians are needed by the Government, the last act of Congress authorizing two assistant surgeons for each regiment, supplying all deficiencies. The Medical Examining Board for examining contract surgeons in New York and Philadelphia has been discharged.

A RESERVE corps of experienced surgeons have been sent to the Army of Virginia. Surgeons Vollum, Purdy, Stewart, Potter, Coolidge, Woodward, McKee, Allen, and Brinton, have been sent to join the corps.

**CARE FOR THE SICK AFRICANS IN SOUTH CAROLINA.**—Gen. Saxton has made contracts with Drs. Hawks, Bundy, Wakefield, and McClintock, to attend to the health of the Africans in Gen. Hunter's department.

**SURGEONS John B. Porter and W. F. Edgar** have been retired.

## SPECIAL NOTICES.

**NEW YORK COUNTY MEDICAL SOCIETY.**—An adjourned stated meeting of this Society will be held at the College of Physicians and Surgeons, corner of Fourth Avenue and Twenty-third Street, on Monday, Sept. 1st, at 8 o'clock P.M. Papers and discussion expected.

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## To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

## Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn. *References.*—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker, M.D., of New York.

## On the Various Contrivances by

which British and Foreign Orchids are fertilized by Insects, and on the good effects of Interbreeding. By Charles Darwin, M.A., F.R.S., etc. 8vo. London, 1862. \$2.50.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

## Gmelin (L.) Hand-Book of Chemistry.

Vol. I. 2d Edition, revised. 8vo. London, 1861. \$3.25.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

## An Inquiry into the Medicinal Value

of the Excreta of Reptiles in Phthisis and some other Diseases, by J. Hastings, M.D. London, 1862. \$1.00.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

## The Pathology and Treatment of

Phlegmasia Dolens, as Deduced from Clinical and Physiological Researches. By F. W. Mackenzie, M.D. 8vo. London, 1862. \$1.57.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

## On Uterine and Ovarian Inflammation;

and on the Physiology and Diseases of Menstruation. By E. J. Tilt, M.D. Third edition, with Colored Plates. 8vo. London, 1862. \$3.75.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

## Elements of Chemistry: Theoretical

and Practical, by W. A. Miller, M.D. 2d edition, with additions. 8 vols. 8vo. \$16.00.

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## Epilepsy: its Symptoms, Treatment,

and Relation to other Chronic Convulsive Diseases, by J. R. Reynolds, M.D. London. \$3.25.

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## Clinical Essays, by B. W. Richardson,

M.D. 8vo. London, 1862. \$2.00.

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Dean of the Faculty, 91 Ninth Street.

\* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

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JULIUS HOMBERGER, M.D., EDITOR.



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## Appia (P. L.) The Ambulance Sur-

geon, or Practical Observations on Gunshot Wounds. 12mo. Edinburgh, 1862. \$1.50.

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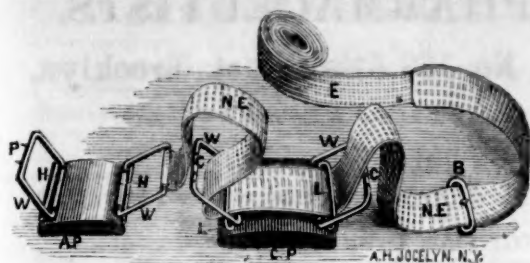
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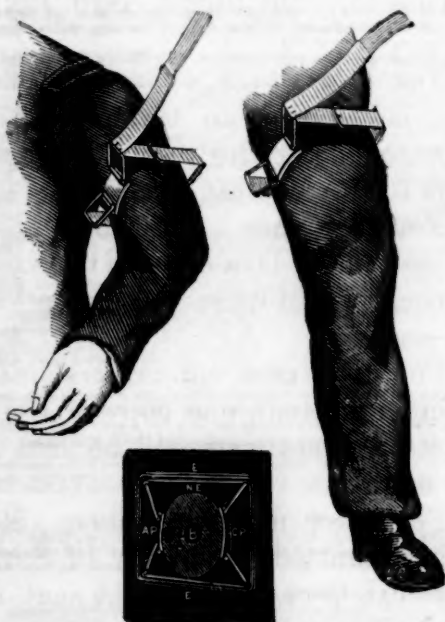
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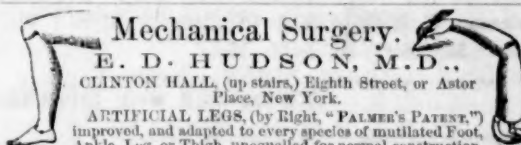
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